

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

State File No. **487**
Registered No. **152**
Arizona

County **NAHNSPAH Gila**

State **ARIZONA**

Township **Chilito**

or Village

City **Chilito**

No.

St.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child

Henry Garcia

If child is not yet named, supplemental report, as d

3. Sex **Male** 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature Full term 7. Legitimate? **yes** 8. Date of birth **May 25, 1914** (Month, day, year)

9. Full name **Jose Garcia**
10. Residence (usual place of abode) (If non-resident, give place and State) **Chilito**
11. Color or race **Mexican** 12. Age at last birthday **30** (Years)
13. Birthplace (city or place) (State or country) **Mexico**
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Miner**
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work **All the years**
17. Total time (years) spent in this work

18. Full maiden name **Lupe Urrea**
19. Residence (usual place of abode) (If non-resident, give place and State) **Chilito**
20. Color or race **Mexican** 21. Age at last birthday **20**
22. Birthplace (city or place) (State or country) **Arizona**
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **At Home**
24. Industry or business in which work was done, as lawyer's office, etc.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living **one** (b) Born alive but now dead **no** (c) Stillborn

28. If stillborn, period of gestation months or weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at **9 O'clock P. m.** on the date above (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed)

or

Address

Filed

Lupe U. Garcia Mother
Glendale Arizona

August 7, 1933 **P. L. Hutton**
Registrar.

Given name added from supplemental report

(Date of)

871-225-341

Subscribed and sworn to before me this **3** day of **Aug** 1933 **Dr. W. Patterson** **Notary of the Peace**

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at a birth, a SEPARATE RETURN must be made for each child.